

FILED MAY 31 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty-Rural</u>		c. LENGTH OF STAY (If in this place) <u>18 months</u>		c. CITY OR TOWN <u>Liberty</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Home</u>				e. STREET ADDRESS (If rural, give location) <u>RR 3</u> <u>600/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beatrice</u>		b. (Middle)		c. (Last) <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1955</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov 6, 1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Retired School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>teaching</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Whitehall Wis</u>		9. AGE (In years last birthday) <u>80</u>	
13a. FATHER'S NAME <u>Michael White</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Reed</u>		14. NAME OF HUSBAND OR WIFE		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>IOOF Records</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) 332X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 m</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1950</u> , to <u>1955</u> , that I last saw the deceased alive on <u>May 22, 1955</u> , and that death occurred at <u>5:15 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. G. Goodson M.D.</u>		23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>5/23/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mountain Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 28, 1955</u>		REGISTRAR'S SIGNATURE <u>Nabel Strahen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lydia Pacheco</u>		ADDRESS <u>Liberty, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 OCT 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.